



Utah Pediatric Partnership
To Improve Healthcare Quality

Translating medical knowledge into daily practice

Improving the Quality of Healthcare for Utah's Children: 2008 and Beyond – Needs, Challenges, and Goals

Executive Summary

For the full report, go to www.upiq.org and click on “Publications”

***UPIQ's Mission** is to improve children's health by promoting the incorporation of proven interventions, best practices, and ongoing, measurement-based improvements by physicians in their daily practice.*

Prepared by the UPIQ Steering Committee and Staff

with contributions from Sean Meegan, PhD,
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Improving the Quality of Healthcare for Utah’s Children: 2008 and Beyond – Needs and Challenges

Executive Summary

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The need for improvement in the quality of healthcare received by children in the United States is well documented. Virtually every study that has examined the health status of children or the specific components of care they receive has found opportunities for improvement. Numerous organizations and governmental agencies are focusing on quality at the national level, though little of their effort is aimed at children’s healthcare. For a number of reasons, including demands of states and consumers, physician specialty boards, including the American Board of Pediatrics and the American Board of Family Medicine, will require evidence of quality improvement in practice in order for physicians to maintain their board certification.

Although, on some measures of health, Utah’s children seem to fare better than those in the rest of the country, our children’s health and healthcare are still far from optimal. Since 2003, the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) has been striving, through a variety of activities, to help primary care clinicians improve the quality of healthcare they deliver to children. UPIQ undertook this needs assessment to

- better understand the primary care quality improvement needs of Utah’s children and their healthcare providers, and
- guide UPIQ’s strategies to support Utah’s primary care practices in improving the care they provide and the systems needed to sustain those improvements.

For this broad-based evaluation, we reviewed quality improvement literature, national and state health indicators, and various data sets; consulted various stakeholders; conducted focus groups and interviews of primary care physicians; and surveyed specialist and primary care physicians and other healthcare providers, some of whom have participated in UPIQ projects. Through this process, we identified priority targets for intervention, as well as several challenges to accomplishing meaningful, successful, and sustainable quality improvement.

Appendix A. of this report provides a brief history of UPIQ, including a listing of previous projects. An overview of Pediatric Quality Improvement is offered in Section 4. Key components of the needs assessment include: the results of a 2007 provider survey in Section 5, findings from national and state level data in Section 6, results of focus group interviews conducted by Sean Meegan, PhD, in Section 7, the quality perspectives of insurers in Section 8, and the results of surveys of pediatric subspecialists and previous UPIQ project participants in Sections 9 and 10.

Descriptions of 11 clinical topics that achieved high rankings are presented in Section 11. The topics include:

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|---|-------------------------|
| ADHD* | Mental Health Disorders |
| Asthma* | Obesity* |
| Children with Special Health Care Needs* | Oral Health* |
| Developmental & Social-Emotional Delay Screening* | Vision Screening* |
| Immunizations* | Well Child Care |
| Maternal Depression* | |

* topics with an asterisk are those that have been included, in part, in previous UPIQ projects.

UPIQ's Steering Committee members were asked to rank the priority of 40 clinical topics (including the 11 described in detail) on the basis of:

- the impact of the condition or service on health and patient outcomes,
- the availability and promise of a proven primary care-level intervention, and
- the anticipated cost/benefit ratio of implementing the improvement for a practice

Immunizations, obesity, mental health and behavioral issues, screening, antibiotic usage, and well child care were ranked among the highest. (see Section 11.I. for detailed rankings)

Beyond specific topics and components of care, a theme that emerged was that primary care practices require systems, tools, support, and incentives to enable and sustain improvements. The importance and utility of these span all aspects of healthcare delivery. Quality Improvement projects that address the broader components of healthcare delivery – screening, prevention, evidence-based care, care of children with chronic conditions, coordination of care, ancillary skills (e.g., motivational interviewing), integration of specialty care (e.g., mental health), and population-based care – may better meet the needs of practices and allow the design of more effective interventions. Additional key skills and processes needed by practices, such as personnel management (hiring, training, motivating), leadership (directing meetings, delegating, inspiring), organization (huddling, team building, open access scheduling), and systems design/development, are not often addressed by traditional QI projects but seem critical to translating the successes found in demonstration projects to the broad community of primary care practices.

Funding for quality improvement is a critical need that is not directly addressed by this assessment. Quality improvement is hard work that, particularly in primary care practice, is not compensated through standard healthcare payment mechanisms and yields little financial gain for those doing the work. The medical home model, being experimented with in several settings, may provide a framework for quality improvement, as well as for healthcare payment reform. A number of approaches to enhanced compensation for primary care providers who improve the comprehensiveness and the outcomes of their care are being tested. If proven, these may provide the needed incentives and the wherewithal to invest in ongoing quality improvement.

Areas of need and long range goals

Through this assessment, we identified two general areas of need and several long-range goals for pediatric primary care quality improvement in Utah. Some are outside the scope of UPIQ's mission but are, nevertheless, worthy aims. UPIQ will consider these goals in its planning over the next few years and will seek the additional partners, collaborators, and funding needed to accomplish them.

- Strengthen the foundations for improving the quality of healthcare for Utah's children –
 - Assemble and/or develop a set of measures to meaningfully assess and allow tracking of the health status of children in Utah, the healthcare they receive, and the quality of that care.
 - Explore and understand the penetration of electronic health record systems in primary care practices in Utah, their capabilities to support quality improvement, and the needs of clinicians for guidance and support in using them for QI.
 - Explore and understand the needs of primary care practices for well-trained staff, the existing programs for training them, and the needs of those programs for guidance and support in preparing trainees to work with children in primary care offices.
 - Explore and understand the potential of "quality improvement specialists"* to serve as resources for systems improvement in pediatric and family medicine offices.

* Perhaps similar to the practice enhancement assistants (PEAs) or practice facilitators implemented in Oklahoma by Mold and Nagykaldi (see full report for citations ^{1,2}) to support both practice-based research and quality improvement.

- Continue to offer participating clinicians credit toward Part 4b of the American Board of Pediatrics Maintenance of Certification program and apply to offer credit toward Part IV of the American Board of Family Medicine Maintenance of Certification .
- Develop and promote the medical home concept as a framework for quality improvement and for primary care compensation reform.
- Work with the MedHome Portal (www.medhomeportal.org) to support QI in primary care with information, with emphases on caring for children with special health care needs, accessing community resources, and partnering with parents/families in the medical home model.
- Champion, facilitate, and support quality improvement in children’s healthcare –
 - Update previous and develop new quality improvement projects focused on topics identified herein as priorities, including mental health, obesity, immunization delivery, ADHD, preventive services, asthma, well child care, and the comprehensive care of children with chronic and complex conditions.
 - Develop an ongoing project to focus on improving primary care quality related to clinical problems identified by pediatric specialists and to improve collaboration and “hand-offs” between primary care and subspecialty/inpatient care.
 - Provide leadership for implementation of Bright Futures, 3rd ed.
 - In all of the above, attend particularly to the QI needs of independent practices.

Accomplishing these goals will require collaboration among partners represented on the UPIQ Steering Committee and several others, including:

- Utah Department of Health, including the
 - Division of Health Systems Improvement
 - Center for Health Data
- Physician organizations, including the Utah Medical Association
- University of Utah Health Sciences Center, particularly pediatric subspecialty faculty, the medical staff at Primary Children’s Medical Center, and community subspecialists
- Utah Partnership for Value-driven Care
- Child advocacy and parent organizations, including Voices for Utah Children, Utah Family Voices, Utah Parent Center, and others
- Commercial healthcare insurers
- Employers and the business community
- Utah Health Information Network (UHIN)
- Healthcare delivery organizations, including Intermountain Healthcare (particularly Primary Children’s Medical Center), University of Utah Hospitals and Clinics, MountainStar Healthcare, IASIS Healthcare, Wasatch Pediatrics, etc.
- Related academic schools/departments – Department of Biomedical Informatics, David Eccles School of Business, Department of Economics, Department of Health Promotion and Education
- Developers and vendors of electronic health records

UPIQ needs the critique, ideas, and collaboration of all who care about the quality of primary care delivered to our children. Please don’t hesitate to contact us. Thank you.

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Translating medical knowledge into daily practice

Background: Lack of optimal health care delivery has been documented in every setting studied, including pediatric primary care. Mangione-Smith, et al recently reported that children in the U.S. receive less than have of the preventive, acute and chronic care that is recommended. This is not because physicians don't try to provide the best care possible. To provide high quality evidence-based care, primary care physicians must incorporate ever-increasing scientific knowledge and tools into their daily practice. They must provide care for children with routine needs, as well as for children with specialized and complicated needs, like those with cerebral palsy, depression, Down syndrome, celiac disease, Tourette syndrome, and many more. They must also guide patients and parents through a complex healthcare system, coordinate the care provided by specialists, and advocate for their patients with insurers and schools.

The Utah Pediatric Partnership to Improve Healthcare Quality (**UPIQ**), established in 2003, is a collaborative effort by organizations and individuals with a common interest in promoting evidence-based best practices and assisting physicians in implementing quality improvement at the practice level. UPIQ provides education, guidance, tools, measurement, and ongoing support to help bridge the gap between knowing best practices and consistently implementing them in practice. Led by the University of Utah Department of Pediatrics and the Intermountain Pediatric Society, UPIQ is a public-private partnership that is able to leverage matching funds through Utah Medicaid to augment the support obtained through foundations, state programs, corporations, and user fees.

Mission: to improve the health of Utah's children by promoting the incorporation of proven interventions, best practices, and ongoing, measurement-based improvements by physicians in their daily practice.

Approaches: UPIQ is a pioneer applying quality improvement (QI) principles and collaborative learning to primary care practice at the state level. Learning Collaboratives bring together practice teams (physician, nurse or MA, and office manager) for day-long "learning sessions" where relevant scientific evidence is presented, QI techniques are taught, and teams are assisted in developing goals and strategies for improvement. Practices receive ongoing support and technical assistance from UPIQ staff (and each other) through conference calls, site visits, and repeated practice assessments over 6-10 months. Topics have included: preventive services delivery, screening for developmental and social-emotional problems, asthma, ADHD, screening for oral health problems and maternal depression, and providing comprehensive care for children with special health care needs (Medical Home). UPIQ has begun projects aimed at improving immunization rates and asthma treatment using "academic detailing," where information and support are provided in individual offices by UPIQ staff and "peer mentors" who are community colleagues trained by UPIQ.

To date: UPIQ's 12 Learning Collaboratives/Projects have involved 102 physicians/mid-level providers from 63 practices statewide, involving over 30% of the state's pediatricians. To make a substantial difference in the health of Utah's children, UPIQ needs to reach more practices, including those that face more challenges to participation and those in family medicine, with our curricula and support. This needs assessment will provide direction and focus to this aim.

UPIQ Learning Collaboratives and other projects (as of August 2008)

#1: Preventive Services

Learning Session: 10/23/03; # of practice teams: 14

Funding: Primary Children's Medical Center Foundation

Focused on a range of preventive services including: vision screening, blood pressure monitoring, growth/BMI assessment, dental assessment/referral, car seat use, immunization delivery, anemia screening, and environmental tobacco smoke exposure. Published as:

Young PC, Glade GB, Stoddard GJ, Norlin C. Evaluation of a learning collaborative to improve the delivery of preventive services by pediatric practices. *Pediatrics*. 2006 May;117(5):1469-76.

#2: Developmental Screening

Learning Session: 5/11/04; # of practice teams: 13

Funding: AAP CATCH grant

Focused on periodic assessment of developmental progress in infants and young children, use of validated tools in practice, and appropriate referral for those identified with delays or at risk.

#3: Social and Emotional Screening of Infants

Learning Session: 10/15/04; # of practice teams: 11

Funding: ABCDII grant through Medicaid

Focused on screening practices for identifying social and emotional problems in infants less than one year of age, and referring these young children for mental health assistance if problems are identified.

#4: Social and Emotional Screening of Toddlers

Learning Session: 5/25/05; # of practice teams: 10

Funding: ABCDII grant through Medicaid

Focused on screening practices for identifying social and emotional problems in toddlers, and referring these children for mental health assistance if problems are identified.

#5: Attention-Deficit/Hyperactivity Disorder

Learning Session: 6/22/05; # of practice teams: 18

Funding: AAP Partnerships for Quality grant

Focused on improving care for patients with ADHD, including adherence to the American Academy of Pediatrics guidelines for the diagnosis and management of ADHD.

#6a: Medical Home/Integrated Services 1

Learning Session: 4/7/06; # of practice teams: 12

Funding: MCHB Integrated Services grant through the Bureau of CSHCN

Focused on introduction of the Medical Home concept, improving care of children with special health care needs (CSHCN), and collaborating with community services

#7: Asthma

Learning Session: 4/26/06; # of practice teams: 12

Funding: Utah Department of Health contract

Focused on improving the care of children with asthma, including adherence to national guidelines and collaboration with subspecialists

#6b: Medical Home/Integrated Services 2

Learning Session: 6/23/06; # of practice teams: 12

Funding: MCHB Integrated Services grant through the Bureau of CSHCN

Focused on newborn screening, hearing screening, vision screening in the Medical Home and collaborating with community services.

#8: Maternal Depression

Learning Session: 9/15/06; # of practice teams: 6

Funding: ABCDII grant through Medicaid

Focused on screening for maternal depression at pediatric well child visits, telemedicine used to involve providers in St. George (southern Utah)

#9: Early Childhood Oral Health Screening

Learning Session: 11/2&3/06; # of practice teams: 13

Funding: Federal grant through Utah Valley Early Head Start

Training pediatricians and family physicians to screening young children for oral health problems and application of fluoride varnish.

#6c: Medical Home/Integrated Services 3

Learning Session: 12/1/06; # of practice teams: 11

Funding: MCHB Integrated Services grant through the Bureau of CSHCN

Focused on developmental, social emotional, and depression screening in the Medical Home and collaborating with community services.

#6d: Medical Home/Integrated Services 4

Learning Session: 6/13/07; # of practice teams: 11

Funding: MCHB Integrated Services grant through the Bureau of CSHCN

Focusing on transition to adult care systems for CSHCN

#6e: Medical Home/Integrated Services 5

Learning Session: 10/10/07; # of practice teams: 11

Funding: MCHB Integrated Services grant through the Bureau of CSHCN

Focused on transition to adult care systems for CSHCN

#10: Improving Immunization in Primary Care Practice

Project began: Winter, 2008

Funding: Phase 1 with CDC funds through the Utah Immunization Program; 5 teams

Phase 2 with a donation from sanofi-pasteur; planning 6 teams

Using academic detailing and peer mentoring, IRB-waived study in 2 geographic areas

#11: Preventing, Identifying, and Treating Childhood Obesity

Learning Sessions: May and June 2008; # of practice teams: 18

Funding: participant tuition, Utah Department of Health, and a donation from the Church of Jesus Christ of Latter-day Saints Foundation

Focusing on primary care interventions related to childhood overweight and obesity.

#12: Prescribing for Asthma in Children

Project began: Summer, 2008; planning 7 teams

Funding: CMS through Utah Medicaid, 2 year project

Focusing on prescribing asthma medications in primary care